SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 18 1996 8:00 am
Secretary of State

DOCUMENT # **F94000000220 (3)**

1. Corporation Name

MILESTONE ASSET MANAGEMENT, INC.

Principal Place of Business	Mailing Address
5200 TOWN CENTER CIR. 4TH FLOOR BOCA RATON FL 33486	5200 TOWN CENTER CIR. 4TH FLOOR BOCA RATON FL 33486

3. Date Incorporated or Qualified: **01/14/1994**
3a. Date of Last Report: **02/07/1995**

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

4. FEI Number: **52-1843631** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MILESTONE PROPERTIES, INC.
5200 TOWN CENTER CIR.
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, STEPHEN D		12 NAME	
STREET ADDRESS	5200 TOWN CENTER CIR.		13 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486		14 CITY-ST-ZIP	
TITLE	V	☒ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	LEVINE, JOHN		22 NAME	
STREET ADDRESS	5200 TOWN CENTER CIR.		23 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486		24 CITY-ST-ZIP	
TITLE	S	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	SHORE, HARVEY		32 NAME	
STREET ADDRESS	5200 TOWN CENTER CIR.		33 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486		34 CITY-ST-ZIP	
TITLE	T	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	LEVINE, JOAN		42 NAME	
STREET ADDRESS	5200 TOWN CENTER CIR.		43 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486		44 CITY-ST-ZIP	
TITLE	D	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	MANDOR, ROBERT		52 NAME	
STREET ADDRESS	5200 TOWN CENTER CIR.		53 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486		54 CITY-ST-ZIP	
TITLE	D	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	MCMAHON, GREG		62 NAME	
STREET ADDRESS	5200 TOWN CENTER CIR.		63 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33486		64 CITY-ST-ZIP	

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert Mandor — 6/14/96 — (407)394-9533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Ph. No.